Organization Name: Contract Number:

Collin County

Program ID:

TB/PC-FED

Procurement ID:

GST-2012-Solicitation-0

0064

Proposal ID:

DCPS-2017-TB/PC-FED-00012

Procurement Name: FY14 TB/FED

Budget Categories

	DSHS Funds			
Budget Categories	Requested	Cash Match	In Kind Match	Category Total
Personnel	\$63,906	\$16,390	\$0	\$80,296
Fringe Benefits	\$25,684	\$6,487	\$0	\$32,171
Travel	\$1,344		\$0	\$1,344
Equipment	\$0		\$0	\$0
Supplies	\$9,720		\$0	\$9,720
Contractual	\$5,000		\$0	\$5,000
Other	\$8,732		\$0	\$8,732
Total Direct Costs	\$114,386	\$22,877	\$0	\$137,263
Indirect Costs	\$0		\$0	\$0
Totals:	\$114,386	\$22,877	\$0	\$137,263

Subcontracting

Subcontracting Percentage:

4.37%

Match Contributions

Applicable Match Amount:

\$114,386

Required Match Percentage:

20.00%

Required Match Amount:

\$22,877

Calculated Match Amount:

\$22,877

Source of Cash Match Funds

Personnel, and Fringe

Source of In Kind Match Funds

Program Income

Projected Earnings:

\$0

Source of Earnings

Non DSHS Funding

Direct Federal Funds:	\$0
Other State Agency Funds:	\$174,467
Local Funding Sources:	\$0
Other Funds:	\$636,583
Total Projected Non DSHS Funding:	\$811,050

Collin County Personnel Category Detail

Organization Name: Collin County Program ID: TB/PC-FED

Contract Number: Procurement ID: GST-2012-Solicitation-00064

Proposal ID: DCPS-2017-TB/PC-FED-00012 Procurement Name: FY14 TB/FED

Personnel

Position	Justification	FTEs	Cost
Functional Title:Nurse	Provides case management services	Existing: 0.6900	Funding Source: Cash
License / Cert. Type:License		Proposed: 0.0000	Avg Monthly Salary: \$4,975.59
License / Cert:RN		Vacant: 0.0000	Number of Months:12
Job Description:		Total FTEs 0.69	Salary Requested: \$41,198
Functional Title: Medical Asst	Provides case registrar, case management and	Existing: 0.6900	Funding Source: Cash
License / Cert. Type: N/A	data base services	Proposed: 0.0000	Avg Monthly Salary: \$2,742.51
License / Cert:		Vacant: 0.0000	Number of Months:12
Job Description:		Total FTEs 0.69	Salary Requested: \$22,708
Functional Title: DOT Worker	Provides DOT services	Existing: 0.3450	Funding Source: Cash
License / Cert. Type: N/A		Proposed: 0.0000	Avg Monthly Salary: \$3,958.92
License / Cert:		Vacant: 0.0000	Number of Months: 12
Job Description:		Total FTEs 0.345	Salary Requested: \$16,390
Functional Title:		Existing:	Funding Source:
License / Cert. Type:		Proposed:	Avg Monthly Salary:
License / Cert:		Vacant:	Number of Months:
Job Description:		Total FTEs 0	Salary Requested: \$0
Cash Total:			\$80,296
In Kind Match Total:			
Salary Wage Total:			\$80,296

Fringe Benefits

Fringe Benefits Total:

List the types of costs that comprise your organizations fringe benefits:				
FICA, Medicare, Employee Ins., re	tirement supplemental death benefit and unemployment ins.			
Total Fringe Benefit Rate (%):	40.19%			
Fringe Benefit Amounts				
Cash:	\$32,171			
In Kind Match:				

\$32,171

Collin County Travel Category Detail

Organization Name: Collin County Program ID: TB/PC-FED

Contract Number: Procurement ID: GST-2012-Solicitation-00064

Proposal ID: DCPS-2017-TB/PC-FED-00012 Procurement Name: FY14 TB/FED

Indicate Policy Used:*

✓ Organization's Travel Policy

Attach travel policy if using organization's travel policy

State of Texas Travel Policy https://egrants.dshs.texas.gov/_Upload/58340-CollinCountyTravelPolicy102015.pd

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Conference / Workshop Travel Costs

Description of* Conference / Workshop	Justification *	Destination/Details	Cost
Case Registrar Workshop/DSHS TB Training	Annual Training by DSHS	City and State: * Austin, TX # of Employees: * 1 # of Days: * 4	Funding Source: * Cash Mileage: * \$280 Airfare: * \$0 Meals: * \$164 Lodging: * \$360 Other Costs: * \$0 Total: \$804
		City and State: * # of Employees: * # of Days: *	Funding Source: * Mileage: * Airfare: * Meals: * Lodging: * Other Costs: * Total: \$0
		City and State: * # of Employees: * # of Days: *	Funding Source: * Mileage: * Airfare: * Meals: * Lodging: * Other Costs: * Total: \$0
		City and State: * # of Employees: *	Funding Source: * Mileage: *

of Days: *

Airfare: *
Meals: *
Lodging: *

Other Costs: *

Total:

Total Cash for Conference / Workshop:	\$804
Total In Kind Match for Conference / Workshop:	
Total for Conference / Workshop Travel:	\$804

Other / Local Travel Costs

Justification *	Mileage Reimbursement Rate	Number of Miles *	Mileage Cost	Other Costs *	Funding Source *	Total Cost
DOT Travel	* \$0.540	1000	\$540	\$0	Cash	\$540
			\$0			\$0
-			\$0			\$0
			\$0			\$0

Total Cash for Other / Local Travel:	\$540
Total In Kind Match for Other / Local Travel:	
Total for Other / Local Travel:	\$540

Conference / Workshop Travel Costs:	\$804
Other / Local Travel Costs:	\$540
Total Travel Costs:	\$1,344

Collin County Supplies Category Detail

Organization Name:

Collin County

Program ID:

TB/PC-FED

Contract Number:

Proposal ID:

DCPS-2017-TB/PC-FED-00012

Procurement ID:

GST-2012-Solicitation-00064

Procurement Name: FY14 TB/FED

Description of Item	Purpose & Justification	Funding Source	Total Cost
General Office Supplies	paper, pens, binders, clips, supplies used for cohort review	Cash	\$2,370
Televisions	Television to provide video education for patients.	Cash	\$3,000
Surface Pro tablets	Utilized for video conferencing to provide public health monitoring of patients	Cash	\$4,100
Surface Pro tablet accessories	Case, charger, keyboard, docking station, cables	Cash	\$250
Cash Total:			\$9,720
In Kind Match Total:			
Total Amount Requested for Supplies:			\$9,720

Organization Name:

Collin County

Program ID: TB/PC-FED

Procurement ID:

Contract Number:

Proposal ID: DCPS-2017-TB/PC-FED-00012

Procurement Name: FY14 TB/FED

GST-2012-Solicitation-00064

Contractor	Description	Justification	Cost
Name: Prima Care	DOT Services for after hours and on weekends	Needed to treat TB patients	Funding Type: Cash
Type: Vendor			Payment Basis: Monthly
			Payment Rate: \$50.00
			# of Payments: 100
			Total Cost: \$5,000
Name:			Funding Type:
Type:			Payment Basis:
			Payment Rate:
			# of Payments:
			Total Cost: \$0
Name:			Funding Type:
Type:			Payment Basis:
			Payment Rate:
			# of Payments:
			Total Cost: \$0
Name:			Funding Type:
Type:			Payment Basis:
			Payment Rate:
			# of Payments:
			Total Cost:
Cash Total:			\$5,00
In Kind Match Total:			
Total Amount Requested for Cor	ntractual:		\$5,00

Organization Name:

Collin County

Program ID:

TB/PC-FED

Contract Number:

Proposal ID:

DCPS-2017-TB/PC-FED-00012

Procurement ID:

GST-2012-Solicitation-00064

Procurement Name: FY14 TB/FED

Description of Item	Purpose & Justification	Funding Source	Total Cost
Language Line	translation services for patients to provide education information	Cash	\$2,500
Patient transportation	Transporting patient to and from office visits.	Cash	\$2,500
Subscriptions/References	Reference and other materials for Health Care Services	Cash	\$900
Monthly AT & T Service - Surface Pro tablet	Required for wireless connectivity of tablet used offsite for public health monitoring of patients through videoconferencing	Cash	\$1,320
Monthly EA Licenses for Surface Pro tablets	Standard software for tablets used by county employees	Cash	\$1,512
Cash Total:			\$8,732
In Kind Match Total:			
Total Amount Requested for Other:			\$8,732